

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

Serial No. **09/728,171**
FILING DATE

		CLAIMS					
		BEFORE AMENDMENT		AFTER AMENDMENT		AFTER 2ND AMENDMENT	
		IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	3	0	4	0	4	0	
TOTAL DER.	14	0	23	0	22	0	
TOTAL CLAMS	17		27		26		

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TOTAL IND.		0		0		0	
TOTAL DER.							
TOTAL CLAMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS